## Vermont Agency of Agriculture, Food & Markets Application for Mosquito Larvicide Permit

PERMIT APPLICATION #

1. Applicant: First Brandon, Leicester, Salisbury, Goshen Insect Control District			
Street Address: 31 Hollow Road			
Town: Brandon State: V		Γ <b>Zip Code:</b> 05733	
<b>Telephone Number:</b> 802-247-6779			
Contact Person & phone number (if different from Applicant): Will Mathis – Operations Coordinator			
2. Name of Waterbody(ies): Drainage and flood plains of the Otter Creek, Leicester river, Neshobe river. Stagnant surface waters, ditches, snow pools, surface depressions, swales and agricultural flooded fields and pools.			
County: Addison/Rutland Town(s): Brandon, Leicester, Salisbury, Goshen, Pittsford, Proctor			
Is the water body wholly contained on applicant's property (circle one)? yes X no			
3. Total acreage to be treated: 7,000 Acres	4. Requested Larvicide(s) (Name and EPA number):  See attached Labels/SDS and proposed product list.		5. <b>Proposed dates of treatment:</b> Various: April 15 <sup>th</sup> to September 30 <sup>th</sup> . Determined by District personnel through sampling, and weather conditions.
6. <b>Method of Application:</b> Aerial Application by helicopter or fixed wing aircraft. In addition to ground based treatments.			
7. Uses in waterbody:     xBoating     xSwimming     xFishing     xLivestock, Watering     xOther		8. Is the water used as a water supply?  □ yes x no If yes, type:  □ Private □ Public	
9.VT Applicator Certificate Number: #546 & #1536		10. Attach appropriate maps of the proposed treatment site(s):	
<ol> <li>The Applicant agrees to and accepts the following statements:         <ol> <li>The sole responsibility for any damage that may result from inaccurate computations and/or improper application of the product falls on both the applicator and the applicant.</li> <li>Applicant must apply the product in compliance with all label conditions.</li> </ol> </li> <li>Applicant must guarantee to hold the state harmless from all suits, claims or causes of action that arise from the use of the product.</li> </ol>			
12. I certify that the information in this application is true and accurate.			
Applicant's Signature: Will Mathis			Date: 3-1-21

Submit Applications to: VAAFM

Larvicide Permits 116 State Street

Montpelier, VT 05620-2901